

Investigation – RI Definitions & Rules for Entering Investigation Streptococcus Pneumoniae

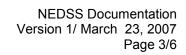
Note: All fields in **RED** are required by the NEDSS system; all **BOLDED** fields are required by RI

Any questions that relate to ABC Investigation do not have to be answered

Any questions that relate to ABC Investigation do not have to be answered Brief Description or Description RI Rules for Data Entry		
Brief Description or Field Name	Description	RI Rules for Data Entry
Fleid Name		
	Investigation Su	mmary
	The region responsible for the	Required; RI has only 1 jurisdiction
Jurisdiction	investigation	
Program Area	The organizational ownership	Required. This is pre-populated based on
l Togram Arca	of the investigation. Program	
	areas(e.g. General	
	Communicable Diseases,	
	Hepatitis, STD, HIV/AIDS,	
	Vaccine Preventable) are	
	defined by the conditions for	
	which they provide primary	
	prevention and control.	
State Case ID	Open field to be used by OCD, if	Leave blank.
	needed.	
Investigation Start Date	Date the investigation was	Required
	started.	
Investigation Status	The status of the	Leave as OPEN until the investigation is
livootigation otatao	investigation: Open or	completed (i.e. until all pertinent facts
		necessary to evaluate the risk and determine
		if treatment is necessary.) Then change to
		closed
Share record with Guests	This field indicates whether or	Defaults to checked. OK to leave checked.
	not the record should be shared	Not in use by RI at this time
	with all users who have guest	
	privileges for the Program	
	Area/Jurisdiction.	
Investigator	The name of the person who	Required.
Jouguto.		Quick code = first initial of first name +first 5
	investigation	letters of last name.
Data againmed to	The data that the lawarting time	Doguirod
Date assigned to	The date that the Investigation	requirea
Investigation	was assigned to the investigator or the date the	
	investigator or the date the investigator started the	
	investigation if self-assigned	
	investigation it sen-assigned	



Brief Description or Description RI Rules for Data Entry **Field Name Reporting Source** Date of Report Date first reported by Required reporting source if reported by phone or date reported to health according to lab or morbidity report. Reporting Source Type of facility or provider Leave Blank associated with the source of information sent to Public Health. For Animal Rabies it would be the Health Laboratory Earliest Date Reported to Date first reported to County Leave blank County Date first reported to State Not required Earliest Date Reported to State Reporter Search table for who Reported Not required. the case Clinical Physician Search table for patient's Enter if known physician. Was the patient Was the patient hospitalized Required hospitalized for this for this illness? illness? Patient Chart Number If this case involved a chart Enter if known review enter the chart number The hospital where the patient Hospital Enter if known was hospitalized or where the diagnosis was made Admission Date Date of admission Enter if known Duration of Stay in days How many days the patient was Enter if known hospitalized for this condition Date of diagnosis of condition Diagnosis Date Not required being reported. Was the patient Enter if known transferred from another hospital **Questions on Condition**

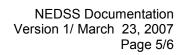




Brief Description or	Description	RI Rules for Data Entry
Field Name		
Illness Onset Date	Date of the beginning of the illness. Reported date of the onset of symptoms of the condition being reported to the public health system. Enter date of 1st symptom related to this illness	Enter if known
Illness End Date	The time at which the disease or condition ends.	Not required
Type of infection caused by organism	Multi-selection possible. Select more than one if required	Required
Bacterial species isolated from any normally sterile site	This is required for notification Input Strep.pneumoniae, drug-res. Invasive	Required
Date first positive culture obtained:		Required
Sterile sites from which organism isolated	Can select more than one site here	Required
Nonsterile sites from which organism isolated		Enter if known
Did the patient have any underlying conditions?		Required

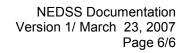


Brief Description or Field Name	Description	RI Rules for Data Entry
Underlying Conditions		Required
Was the patient pregnant/post-partum at the time of the first positive culture?		Enter if known
Is the patient <1 month of age		Enter if known
Did the patient die from this illness?		Required
	Resistance Testing	g Results
Zone Size	The disk is used to screen pneumococcal isolates for beta-lactams. Decreased susceptibility to beta-lactams (penicillin and cephalsporins) is considered probable with oxacillin zone size < 19 mm.	Required
Interpretation	_	Required
Antimicrobial Agent		Required
Suspectibility Method	Agar dilution, broth dilution, disk diffusion (Kirby Bauer) and antimicrobial gradient strip dilution (E-test).	Required
S/I/R/U Result		Required
Sign		Enter if known
MIC Value	The least amount of an antimicrobial agent that prevents growth in the dilution method of determining antimicrobial susceptibility.	Required
Does the patient have persistent disease as defined by positive sterile site cultures 2-7 days after the first positive culture?		Required
Vaccine Information		





Brief Description or	Description	RI Rules for Data Entry			
Field Name		,			
Has patient received 23- valent pneumococcal POLYSACCHARIDE vaccine?		Enter if known.			
If <15 years of age, did the patient receive pneumoccal CONJUGATE vaccine?		Enter if known			
	Vaccination Re	ecord			
Vaccination Record information		Not Required			
	Epidemiologic				
If < 6 years of age is the patient in daycare?	(Daycare is defined as a supervised group of 2 or more unrelated children for > 4 hours/week)	Enter if known.			
Was the patient a resident of a nursing home or other chronic care facility at the time of the first positive culture?		Enter if known.			
Is this part of an outbreak?		Required			
Where was the disease acquired?		Enter if known.			
Confirmation Method	Code for the mechanism by which the case was classified. This attribute is intended to provide information about how the case classification status was derived. Example: Clinical diagnosis (non-laboratory confirmed), Epidemiologically linked, Laboratory confirmed, Unknown	Enter if known.			





Brief Description or	Description	RI Rules for Data Entry		
Field Name				
Case Status	Indication of the level of certainty regarding whether a person has a disease/condition. Where applicable, is defined by CSTE/CDC Standard Case Definition. For example: Confirmed, Probable or Suspect case.	Required for Notification		
MMWR Week	MMWR Week for which case information is to be counted for MMWR publication.	Required		
MMWR Year	MMWR Year (YYYY) for which case information is to be counted for MMWR publication.	Required		
	Administrat	ive		
Was the case first identified through audit?		Not Required		
Does this case have recurrent disease with the same pathogen?		Not Required		
Case Report Status		Not Required		
General Comments	Field which contains general comments for the investigation.	Enter if needed.		
Condition Specific Custom fields				

Notes: